

## Foster Family Home - Corrective Action Report

Provider ID: 1-170088

Home Name: D.M. Karla Bumanglag, RN

Review ID: 1-170088-2

94-440 Kahualena Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 11/27/2018

End Date:

11/27/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

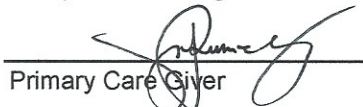
Comment:

Home visit for a 2 person CCFFH recertification review made on 11/27/18.

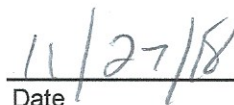
6.(d)(1) - Home in compliance with all requirements.

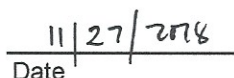


Compliance Manager



Primary Care Giver

  
Date

  
Date